## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/55295

U.S. NATIONAL STAGE FEES  BASIC FEE  SMALL ENT. = \$ 150  LARGE ENT. = \$ 300  EXAMINATION FEE  Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100  SEARCH FEE  U.S. is ISA = \$ 50 / \$ 100  All other situations = \$ 250 / \$ 500  All other situations = \$ 250 / \$ 500  SEARCH FEE  FEE  RATE  FEE  RATE  FEE  BASIC FEE  SEARCH FEE  EXAM. FEE  SEARCH FEE  SEARCH FEE  TOTAL CHARGEABLE CLAIMS  MINUS 20 = *  INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PRESENT  * If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL  OR  TOTAL	OTHER THAN R SMALL ENTITY		
EXAMINATION FEE    Satisfies PCT Article 33(1)			
EXAMINATION FEE    Satisfies PCT Article 33(1)-			
SEARCH FEE         U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400         All other situations = \$250/\$500         SEARCH FEE         SEARCH FEE           FEE FOR EXTRA SPEC. PGS.         minus 100 = /50 =         X \$ 125 =         X \$ 250 =           TOTAL CHARGEABLE CLAIMS         20 minus 20 = *         X \$ 25 =         OR         X \$ 50 =           INDEPENDENT CLAIMS         3 minus 3 = *         X \$ 100 =         OR         X \$ 200 =           * If the difference in column 1 is less than zero, enter "0" in column 2         TOTAL         OR         TOTAL			
TOTAL CHARGEABLE CLAIMS  2 minus 20 = *  INDEPENDENT CLAIMS  3 minus 3 = *  X \$ 25 = OR X \$ 50 = OR X \$ 200 =			
INDEPENDENT CLAIMS  minus 3 = *  X \$ 100 =  OR X \$ 200 =   MULTIPLE DEPENDENT CLAIM PRESENT   * If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL  OR TOTAL			
MULTIPLE DEPENDENT CLAIM PRESENT			
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL			
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CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  SMALL ENTITY  OR  SMALL ENTITY			
CLAIMS HIGHEST NUMBER PRESENT RATE TIONAL RATE TIONAL FEE FEE	IAL		
Minus   Minu			
Independent			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			
TOTAL ADDIT.  FEE OR FEE			
(Column 1) (Column 2) (Column 3)			
CLAIMS REMAINING REMAINING AFTER  CLAIMS REMAINING REMAI	IAL		
□ Total * Minus ** = X \$ 25 = OR X \$ 50 =			
AMENDMENT			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			
TOTAL ADDIT. FEE OR TOTAL ADDIT. FEE			

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>&</sup>quot;\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.